Blindness eradication in U.P. and Rajasthan

† 685. PROF. R.B.S. VARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have formulated/propose to formulate any scheme to gear up National Blindness Eradication Programme in tribal areas of Uttar Pradesh and Rajasthan, with the World Bank assistance;

(b) if so, the details thereof; and

(c) the amount allocated for this purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]:
(a) to (c) Under the National Programme for Control of Blindness, financial assistance mobilized from the World Bank for the period 1994—'2001, is being utilized for implementing activities such as free Cataract Surgery through Govt TNG O facilities. Construction of Eye Wards and operation theaters, Supply of Eye Care equipments and consumables, Training *of* personnel in eye care, Public awareness & outreach services etc. in all districts including the tribal areas, of Uttar Pradesh and Rajasthan.

No separate allocation exclusively for tribal areas has been made.

New Health Policy

686. SHRI K.M. SAIFULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a new Health Policy is on the anvil;

(b) if so, whether Government would take extra care to look after health care of senior citizens and for control of resurgence of traditional diseases like TB, Malaria, etc.; and

(c) the other salient features proposed to be included to help poo*rer citizens and to check spread of the disease?

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† Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) to (c) In view of the significant epidemiological and demographic changes in the country since 1983, when the first National Health Policy was formulated, the Ministry of Health and Family Welfare has undertaken an exercise to revise the National Health Policy.

Emphasis will be laid in the policy on control of (a) communicable diseases like Malaria, T.B., AIDS etc., (b) non-communicable diseases like Cancer, Diabetes etc., health care for special groups-women, children and eMerly persons and provision of health care to the poorer sections cf the society.

Withdrawal of Directives of Iodisation of Salt

687. SHRI R. P. GOENKA:
SHRI CM. IBRAHIM:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have issued a notification proposing withdrawal of compulsory iodisation of edible salt;

(b) if so, the reasons prompting the withdrawal;

(c) whether it would affect the health of the people; and

(d) what alternatives, if any, are envisaged to provide the necessary dose of iodine for immunization against various iodine deficiency ailments and disorders?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA
VERMA]: (a) Yes, Sir.

(b) The notification was issued on 10.5.2000 in view of repeated representations received urging that there should be no element of compulsion in measures that seek to promote public health which should be left to the "informed*' choice of the public.

(c) The notification does not seek to ban the use of iodised salt but merely seeks to remove the restriction on sale of non-iodised